

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043800

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 2821. PLACE OF DEATH
a. COUNTY St. Charlesb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Charlesc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION D.O.A.-St. Joseph Hosp.

Length of stay in 1b

Inside Limits
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charlesc. CITY OR TOWN St. Charles

Inside Limits

Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1028 South BentonReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EleanorBryant

4. DATE OF DEATH

Month

Day

Year

November 17, 1962

5. SEX

Female

6. COLOR OR RACE

Negroid7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/8/12

9. AGE (last birthday)

50

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic Work

10b. KIND OF BUSINESS OR INDUSTRY

HOUSE KEEPER

11. BIRTHPLACE (City and state or country)

Wentzville, Missouri U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

Henry Taylor

13b. MOTHER'S MAIDEN NAME

Julia Williams

14. NAME OF HUSBAND OR WIFE

James Bryant

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

James Bryant, St. Charles, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocarditis
hypertension

INTERVAL BETWEEN ONSET AND DEATH

1956

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4-17-1956 to 11-17-1962 and last saw her alive on 11-9-62.Death occurred at 10 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

M.D.

22b. ADDRESS

200th N. Main St. St. Charles

22c. DATE SIGNED

11/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/21/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Cemetery

23d. LOCATION (City, town, or county)

St. Charles, Missouri

24. FUNERAL DIRECTOR

ADDRESS

A.C. Baue Funeral Home, St. Charles

25. DATE RECD. BY LOCAL REG.

Nov 21, 1962

26. REGISTRAR'S SIGNATURE

Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/591 09282 092834 35 167 08 29 443X101112 12-013 4-0

DEC 4 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Connie L. Pickering

Licensed Embalmer No. 5189

P. O. Address St. Charles, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.